

From: B&D Biomedical Waste Services
[bd_biowaste@yahoo.com]
Sent: Wednesday, April 27, 2011 3:36 PM
To: Winston, Kathy
Subject: Re: Today's inspection
Attachments: Manifest.pdf

Kathy Winston,

Good afternoon, I have attached the corrected manifest that you asked for. The generator has signed we have initialed and the TSD (PSC) has acknowledge and everyone has been sent new copies. We have discussed this mistake with TSD PSC and everyone will make sure that the manifests are completely correct on any future pick ups. We want to thank you again for all your help and the additional information you sent to us. I want to let you know the people we have doing the drain work will finally be done tomorrow and I will email you pictures in the afternoon. I apologize for the delay. David

David Williams

B&D Biomedical Waste Services

Toll Free: 1-866-998-2644

Office: 863-763-3259

Fax: 863-763-2253

Helping to keep our environment Green!

From: "Winston, Kathy" <Kathy.Winston@dep.state.fl.us>
To: "bd_biowaste@yahoo.com" <bd_biowaste@yahoo.com>
Sent: Tue, April 19, 2011 3:14:19 PM
Subject: Today's inspection

First I want to apologize for misleading you this morning, as I should have been thinking in terms of you as the transporter when we were discussing the manifest. I am attaching a scanned copy of the original manifest with circles indicating where you need to make corrections. You can then inform your TSD of this discrepancy and have them acknowledge that on their letterhead and then issue a corrected manifest to the actual generator along with a brief note explaining the mistake. Please forward me copies of both PCP's acknowledgment and the corrected manifest that was sent to the generator. I am also attaching a draft inspection report that gives you checklists for both transporters and CESQGs, so you will be able to see what is expected of you. There was nowhere to indicate the issue concerning the concrete pad outside; therefore, that will be included in the final report you will receive which includes a narrative description of the inspection. Also, as promised, here are three websites that should be useful. The first concerns Universal Waste Pharmaceuticals, the second; what drugs are known to be hazardous waste, and finally a booklet concerning management and disposal of hazardous pharmaceuticals. These should help you impress your customers with all you know concerning these issues. If you have any questions, or if this email is unclear, call me at the contact information below. Look forward to working with you to help you return to compliance and understand the rules you are to meet.

<http://www.dep.state.fl.us/waste/pharm/>

http://www.dep.state.fl.us/waste/pharm/documents/Waste-Pharm-List_Dec07.pdf

http://www.dep.state.fl.us/waste/quick_topics/publications/shw/hazardous/HazardousWasteManagementforPharmacies.pdf

Kathy Winston
Environmental Consultant
Hazardous Waste Compliance/Enforcement
(561)681-6756

Fax (561)681-6770

Florida's Water - Ours to Protect: Check out the latest information on Florida Water Issues at <http://www.protectingourwater.org/> presented by the Florida Department of Environmental Protection.

The Department of Environmental Protection values your feedback as a customer. DEP Secretary Herschel T. Vinyard Jr. is committed to continuously assessing and improving the level and quality of services provided to you. Please take a few minutes to comment on the quality of service you received. Simply click on [this link to the DEP Customer Survey](#). Thank you in advance for completing the survey.

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Form Approved OMB No. 2050-0039

Please print or type. (Form designed for use on olive (12-pitch) typewriter)

| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number | 2. Page 1 of | 3. Emergency Response Phone | 4. Manifest Tracking Number |
|---|--|------------------------|--------------|-----------------------------|-----------------------------|
| | | 000 | 1 | (853) 763-3259 | 007897952 JJK |
| 5. Generator's Name and Mailing Address B&D BIOMEDICAL WASTE SERVICES HARDEE COUNTY HEALTH 115 KD REVELL ROAD WAUCHULA, FL 33873 | | | | | |
| 6. Transporter's Company Name B&D Biomedical Waste Services | | | | | |
| 7. Designated Facility Name and Site Address CHEMICAL POLLUTION CONTROL OF FLORIDA LLC 2428 SW 15TH STREET DEERFIELD BEACH, FL 33442 (554) 400-9099 | | | | | |
| 8. U.S. EPA ID Number FL000011416816 | | | | | |
| 9. U.S. EPA ID Number FL000011416816 | | | | | |
| 10. Containers | | | | | |
| 11. Total Quantity | | 12. Unit Vol. | | 13. Waste Codes | |
| 55 | | G | | 0011 | |
| 1 | | DF | | | |
| 1 | | DF | | | |
| 14. Special Handling Instructions and Additional Information (1) FLFIXER-00 - ERG(171) FIXED SOLUTION (2) FLDEVELOPER-00 - ERG(171) DEVELOPER SOLUTION | | | | | |
| 15. GENERATOR/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | |
| 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.: | | | | | |
| 17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name: Cody Harrison Signature: [Signature] Month: 3 Day: 21 Year: 11 Transporter 2 Printed/Typed Name: Signature: Month: Day: Year: | | | | | |
| 18. Discrepancy 18a. Discrepancy Indication Spots <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number: | | | | | |
| 19. Alternate Facility (or Generator) Facility's Phone: U.S. EPA ID Number: | | | | | |
| 20. Signature of Alternate Facility (or Generator) Month: Day: Year: | | | | | |
| 21. Hazardous Waste Report Management Method Codes (i.e., codes for treatment, storage, and recycling systems) | | | | | |
| 22. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name: [Signature] Month: Day: Year: 10/3/24/11 | | | | | |

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Form Approved, OMB No. 2050-0039

Please print or type. (Form designed for use on site (12-pitch) typewriter.)

| | | | | | | | |
|---|--|--|----------------|--|---|-------------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number 00 T80 EXEMPT | 2. Page 1 of 1 | 3. Emergency Response Phone (863) 763-3259 | 4. Manifest Tracking Number 007897952 JJK | | |
| 5. Generator's Name and Mailing Address B&D BIOMEDICAL WASTE SERVICES HARDEE COUNTY HEALTH 115 KD REVELL ROAD ORUCHULA, FL 33873 | | | | | | | |
| 6. Transporter's Company Name B&D Biomedical Waste Services | | | | | | | |
| 7. Designated Facility Name and Site Address CHEMICAL POLLUTION CONTROL OF FLORIDA LLC 3420 SW 15TH STREET DEERFIELD BEACH, FL 33442 (954) 480-9999 | | | | | | | |
| 8. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | | | | | | | |
| 9a. HM | | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | | 10. Container No. | 11. Total Quantity | 12. Unit Wt./Vol. | |
| 1. RQ | | HA3082 HAZARDOUS WASTE, LIQUID, N.O.S. (SILVER THIOSULFATE) 9 PGIII RQ(D011=1) | | 1 DF | 55 G | D011 | |
| 2. X | | HA3082 ENVIRONMENTALLY HAZARDOUS SUBSTANCES, LIQUID, N.O.S. (SODIUM HYDROXIDE, TRISODIUM PHOSPHATE) 9 PGIII | | 1 DF | 6 G | | |
| 14. Special Handling Instructions and Additional Information (1) FLFIXER-90 - ENG(171) FIXER SOLUTION (2) FLDEVELOPER-80 - ENG(171) DEVELOPER SOLUTION | | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement (identified in 40 CFR 262.27(h)) (if I am a large quantity generator) or (d) (if I am a small quantity generator) is true. | | | | | | | |
| Generator's/Officer's Printed/Typed Name David N. Williams MGRM | | | | | | | |
| Signature [Signature] | | | | | | | |
| Month Day Year 3 22 11 | | | | | | | |
| 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of departure: Date leaving U.S.: | | | | | | | |
| 17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name D Cody Harden | | | | | | | |
| Signature [Signature] | | | | | | | |
| Month Day Year 3 22 11 | | | | | | | |
| 18. Discrepancy 18a. Discrepancy Indication Boxes <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | | | | | | |
| Manifest Reference Number: | | | | | | | |
| 18b. Alternate Facility (or Generator) Facility's Phone: | | | | | | | |
| Signature of Alternate Facility (or Generator) | | | | | | | |
| Month Day Year | | | | | | | |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18b. | | | | | | | |
| Printed/Typed Name Debra Reinhold | | | | | | | |
| Signature [Signature] | | | | | | | |
| Month Day Year 10 31 24 11 | | | | | | | |